

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 10/327,646
	Filing Date June 28, 2005
	First Named Inventor Robert Nitsch
	Group Art Unit 1652
	Examiner Name Chowdhury, Iqbal Hossain
	Attorney Docket Number 047260-060190

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

50828

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

50828

OR

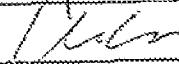
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Christopher Krueken Kamp		
Signature			
Date	06.03.2007		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.